



Today's Date: \_\_\_\_\_

# McClintock Animal Care Center APPLICATION FOR EMPLOYMENT

NAME: \_\_\_\_\_

Phone # (s): \_\_\_\_\_ E-mail: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Referred by : \_\_\_\_\_

Position you are applying for: \_\_\_\_\_ Hourly rate desired: \$ \_\_\_\_\_

Do you want:  FULL TIME  PART TIME \*\*\* If p/t, how many hours would you like to work weekly: \_\_\_\_\_

Please specify what days and hours you are available to work Monday through Saturday:

Monday \_\_\_\_\_  Thursday \_\_\_\_\_

Tuesday \_\_\_\_\_  Friday \_\_\_\_\_

Wednesday \_\_\_\_\_  Saturday \_\_\_\_\_

Are you currently employed?  YES  NO

If yes, may we contact your present employer?  YES  NO

Date you can start: \_\_\_\_\_

Have you applied to our clinic before?  YES  NO

## ■ Former Employers (List below last 3 employers, starting with last one first)

1. Date (Month/Year): From \_\_\_\_\_ To \_\_\_\_\_

Name of Company \_\_\_\_\_

Phone Number & Location \_\_\_\_\_

Position \_\_\_\_\_ Salary \$ \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

2. Date (Month/Year): From \_\_\_\_\_ To \_\_\_\_\_

Name of Company \_\_\_\_\_

Phone Number & Location \_\_\_\_\_

Position \_\_\_\_\_ Salary \$ \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

3. Date (Month/Year): From \_\_\_\_\_ To \_\_\_\_\_

Name of Company \_\_\_\_\_

Phone Number & Location \_\_\_\_\_

Position \_\_\_\_\_ Salary \$ \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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1836 E. Elliot Rd. \* Tempe, AZ 85284 \* (480)820-2822 fax: (480)756-0129

## ■ EDUCATION

	Name & Location	Years Attended	Did you graduate ?	Subjects Studied
HIGH SCHOOL				
COLLEGE				
SPECIALTY SCHOOL				

1. Do you have any special skills, training or experience you would like to let us know of?

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2. Please write out your goals for the position in which you are applying for:

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3. Please write out your understanding of the purpose of a veterinary practice:

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4. Please write a brief description on why you feel you would make an ideal team member. How would you benefit our practice?

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## ■ Personal References

Please give below the names of three persons not related to you, whom you have known at least one year

NAME	RELATIONSHIP TO YOU	PHONE NUMBER	YEARS KNOWN

### AUTHORIZATION --- PLEASE READ

“ I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may results from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information, in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*Thank you for applying at our office today. We appreciate your time and effort.*